

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF TENNESSEE

Case number (if known) _____

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Billy

First name

Shawn

Middle name

Davidson

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Glori

First name

Hinkle

Middle name

Davidson

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2802

xxx-xx-0425

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

- I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**773 Harold Stevens Road
Chickamauga, GA 30707**

Number, Street, City, State & ZIP Code

Walker

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Convenience of Debtor

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Convenience of Debtor

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13
8. **How you will pay the fee**
- I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
9. **Have you filed for bankruptcy within the last 8 years?**
- No.
 Yes.
- District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- No
 Yes.
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
11. **Do you rent your residence?**
- No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts <hr/>		
<hr/>			
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Billy Shawn Davidson**Billy Shawn Davidson**

Signature of Debtor 1

/s/ Glori Hinkle Davidson**Glori Hinkle Davidson**

Signature of Debtor 2

Executed on December 1, 2015
MM / DD / YYYYExecuted on December 1, 2015
MM / DD / YYYY

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ Millard W. Ramsey, Jr. GA

Signature of Attorney for Debtor

Date

December 1, 2015

MM / DD / YYYY

Millard W. Ramsey, Jr. GA

Printed name

Burk & Ramsey, LLC

Firm name

**203 Chickamauga Avenue
Rossville, GA 30741**

Number, Street, City, State & ZIP Code

Contact phone **(706) 841-2220**

Email address

mramsey@burkandramsey.com

241411

Bar number & State

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson		
	First Name	Middle Name	Last Name
Debtor 2	Glori Hinkle Davidson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$11,037.94	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known)

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2014)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$54,944.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
For the calendar year before that: (January 1 to December 31, 2013)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$50,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed on line 4.

- No
- Yes. Fill in the details.

Debtor 1 Sources of income Describe below..	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
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Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

- No. Go to line 7.
- Yes List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No
- Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Paul Robertson vs Glori Davidson	Automobile Accident / Personal injury	Walker County Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below. No Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?** No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: <i>Property.</i>		

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Linda Hinkle	Panama Tan		December 2014
Spouse's Mother	No money changed hands. Sold in return for forgiveness of loan.		

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Wells Fargo	XXXX-0	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	\$50.00	\$50.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known)

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Panama Tan 1119 N. Main Street Flintstone, GA 30725	Tanning Salon	Dates business existed EIN: From-To June 2012 to December 2014

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Billy Shawn Davidson**
Billy Shawn Davidson
Signature of Debtor 1

/s/ **Glori Hinkle Davidson**
Glori Hinkle Davidson
Signature of Debtor 2

Date December 1, 2015

Date December 1, 2015

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson		
	First Name	Middle Name	Last Name
Debtor 2	Glori Hinkle Davidson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 39,041.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 39,041.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 17,755.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 56,796.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 78,000.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 78,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 519.91
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 519.91
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 10,038.30
		Your total liabilities \$ 88,558.21

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 2,797.13
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 2,797.13
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 1,840.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 1,840.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,226.44

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>519.91</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>519.91</u>

Fill in this information to identify your case and this filing:

Debtor 1	Billy Shawn Davidson		
	First Name	Middle Name	Last Name
Debtor 2	Glori Hinkle Davidson		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TENNESSEE</u>			
Case number _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

1.1

Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$39,041.00

Current value of the portion you own?

\$39,041.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: **House and lot at 773 Harold Stevens Road, Chickamauga, GA**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$39,041.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes3.1 Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information: _____**Who has an interest in the property? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**Current value of the portion you own?****\$4,000.00****\$4,000.00**3.2 Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information: _____**Who has an interest in the property? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**Current value of the portion you own?****\$6,000.00****\$6,000.00**3.3 Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information: _____**Who has an interest in the property? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**Current value of the portion you own?****\$250.00****\$250.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes

4.1 Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**Current value of the portion you own?****\$500.00****\$500.00**

4.2 Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**Current value of the portion you own?****\$2,000.00****\$2,000.00**

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

4.3 Make:	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model:	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year:	<input type="checkbox"/> Debtor 2 only		
Other information:	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
2008 Zong Shen dirtbike motorcycle	<input type="checkbox"/> At least one of the debtors and another	\$600.00	\$600.00
	<input type="checkbox"/> Check if this is community property (see instructions)		

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> **\$13,350.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

Household goods	\$2,000.00
------------------------	-------------------

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

Television	\$300.00
-------------------	-----------------

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

Baseball cards	\$100.00
-----------------------	-----------------

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe.....

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

2 rifles and 3 pistols	\$1,000.00
-------------------------------	-------------------

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No
 Yes. Describe.....

Clothing	\$250.00
-----------------	-----------------

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Wedding band and costume jewelry

\$500.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$4,150.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash on Hand

\$5.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1.

Checking account with First Volunteer Bank

\$250.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Official Form 106A/B

Schedule A/B: Property

page 4

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Official Form 106A/B

Schedule A/B: Property

page 5

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$255.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$39,041.00
56. Part 2: Total vehicles, line 5	\$13,350.00	
57. Part 3: Total personal and household items, line 15	\$4,150.00	
58. Part 4: Total financial assets, line 36	\$255.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$17,755.00	Copy personal property total \$17,755.00

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$56,796.00

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson		
	First Name	Middle Name	Last Name
Debtor 2	Glori Hinkle Davidson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
House and lot at 773 Harold Stevens Road, Chickamauga, GA Line from <i>Schedule A/B</i> : 1.1	\$39,041.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(1)
2003 GMC Yukon Line from <i>Schedule A/B</i> : 3.1	\$4,000.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(3)
2004 Nissan Murano Line from <i>Schedule A/B</i> : 3.2	\$6,000.00	<input checked="" type="checkbox"/> \$6,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(3)
2000 GMC Sierra - Totaled Not operable Line from <i>Schedule A/B</i> : 3.3	\$250.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(3)
Trailer for jet skis Line from <i>Schedule A/B</i> : 4.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2 jet skis Line from Schedule A/B: 4.2	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
2008 Zong Shen dirtbike motorcycle Line from Schedule A/B: 4.3	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
Household goods Line from Schedule A/B: 6.1	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
Television Line from Schedule A/B: 7.1	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
Baseball cards Line from Schedule A/B: 8.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
2 rifles and 3 pistols Line from Schedule A/B: 10.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
Clothing Line from Schedule A/B: 11.1	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
Wedding band and costume jewelry Line from Schedule A/B: 12.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(5)
Cash on Hand Line from Schedule A/B: 16.1	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
Checking account with First Volunteer Bank Line from Schedule A/B: 17.1	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson		
	First Name	Middle Name	Last Name
Debtor 2	Glori Hinkle Davidson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Vanderbilt Mortgage	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
				\$78,000.00	\$39,041.00	\$38,959.00
	Attn: Bankruptcy Dept. P.O. Box 9800 Maryville, TN 37802	Number, Street, City, State & Zip Code	House and lot at 773 Harold Stevens Road, Chickamauga, GA			
			As of the date you file, the claim is: Check all that apply.			
			<input type="checkbox"/> Contingent			
			<input type="checkbox"/> Unliquidated			
			<input type="checkbox"/> Disputed			
			Nature of lien. Check all that apply.			
			<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
			<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
			<input type="checkbox"/> Judgment lien from a lawsuit			
			<input checked="" type="checkbox"/> Other (including a right to offset)	Mortgage		
Date debt was incurred	2001		Last 4 digits of account number	2530		

Add the dollar value of your entries in Column A on this page. Write that number here: **\$78,000.00**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: **\$78,000.00**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name Address

-NONE-

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson		
	First Name	Middle Name	Last Name
Debtor 2	Glori Hinkle Davidson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Walker County Tax Commissioner Priority Creditor's Name <u>Carolyn W. Walker</u> <u>P.O. Box 628</u> <u>La Fayette, GA 30728</u> Number Street City State Zip Code	Last 4 digits of account number <u>024A</u>	\$ <u>519.91</u>	\$ <u>519.91</u> \$ <u>\$0.00</u>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:		
Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations		
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
<input type="checkbox"/> Yes	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input type="checkbox"/> Other. Specify Property taxes		

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

2.2

**Walker County Tax
Commissioner**

Priority Creditor's Name

**c/o Appalachian Mtn. Services,
Inc.****1805 Herrington Road****Building 1, Suite B****Lawrenceville, GA 30043**

Number Street City State Zip Code

Last 4 digits of account number

\$ **0.00** \$ **0.00** \$ **0.00**

When was the debt incurred? _____

Who incurred the debt? Check one.

 Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a
community debt

Is the claim subject to offset?

 Disputed No Yes Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify _____**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?** No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**Total claim**

4.1

**American Anesthesiology of
Tennessee, PC**

Priority Creditor's Name

**P.O. Box 535590
Atlanta, GA 30353-5590**

Number Street City State Zip Code

Last 4 digits of account number **3690**\$ **323.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.2

American Anesthesiology of TN

Priority Creditor's Name

Last 4 digits of account number **4219**\$ **1.00**

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

**c/o Optima Recovery Services
 P.O. Box 52968
 Knoxville, TN 37950**

Number Street City State Zip Code _____

When was the debt incurred? _____**Who incurred the debt?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.3

Associates in Diagnostic Radiology

Priority Creditor's Name
**Attn: Bankruptcy Dept.
 P.O. Box 3145
 Indianapolis, IN 46206-3145**

Number Street City State Zip Code _____

Last 4 digits of account number **ious**\$ **119.82****When was the debt incurred?** _____

- Who incurred the debt?** Check one.
- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.4

Benchmark Physical Therapy

Priority Creditor's Name
**Attn: Bankruptcy
 Dept. 888530
 Knoxville, TN 37995-8530**

Number Street City State Zip Code _____

Last 4 digits of account number **3726**\$ **79.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**

 - No
 - Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.5

CAC Financial Corporation

Priority Creditor's Name
c/o CAC Financial Corporation
2601 NW Expressway
Suite 1000 East
Oklahoma City, OK 73112-7236

Number Street City State Zip Code

Last 4 digits of account number **0837**\$ **25.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

Charles F. Longer

Priority Creditor's Name
975 E. 3rd Street, Box 338
Chattanooga, TN 37403-2147

Number Street City State Zip Code

Last 4 digits of account number **8850**\$ **30.46****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.7

Charles S. Fussell, DDS, PC

Priority Creditor's Name

Last 4 digits of account number _____

\$ **399.20**

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

**Suite 5, Courtyard Prof. Bldg.
 4610 Brainerd Road
 Chattanooga, TN 37411**

Number Street City State Zip Code

When was the debt incurred? _____**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.8

Chattanooga Bone & Joint Surgeons, PC

Priority Creditor's Name
**Attn: Bankruptcy
 1809 Gunbarrel Road
 Suite 101
 Chattanooga, TN 37421**

Number Street City State Zip Code

Last 4 digits of account number **2651**\$ **51.60****When was the debt incurred?** _____

- Who incurred the debt? Check one.**
- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.9

Chattanooga Inpatient Svcs, PLLC

Priority Creditor's Name
**Attn: Bankruptcy
 P.O. Box 37989
 PA 19117-9890**

Number Street City State Zip Code

Last 4 digits of account number **7516**\$ **214.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?**

 - No
 - Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.10

Chattanooga Skin & Cancer

Priority Creditor's Name

**Attn: Bankruptcy Dept.
 6141 Shallowford Road
 Chattanooga, TN 37421-1616**

Number Street City State Zip Code

Last 4 digits of account number **9570**\$ **50.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.11

Credit Collection Services

Priority Creditor's Name

**c/o Credit Collection Services
 Two Wells Avenue
 Newton Center, MA 02459**

Number Street City State Zip Code

Last 4 digits of account number **2995**\$ **1.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.12

Diagnostic Center

Priority Creditor's Name

Last 4 digits of account number **ious**\$ **109.44**

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

**c/o CAC Financial Corporation
 2601 NW Expressway
 Suite 1000 East
 Oklahoma City, OK 73112-7236**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.13

Diagnostic Center

Priority Creditor's Name

Attn: Bankruptcy Dept.**3 Maryland Farms, Ste 250****Brentwood, TN 37027-5053**

Number Street City State Zip Code

Last 4 digits of account number **1696**

\$

1.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.14

Diagnostic Imaging Consultants

Priority Creditor's Name

c/o Optima Recovery Services**P.O. Box 52968****Knoxville, TN 37950**

Number Street City State Zip Code

Last 4 digits of account number **7859**

\$

43.91**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15

Diagnostic Imaging Consultants

Priority Creditor's Name
601 Dodds Avenue
Chattanooga, TN 37404

Number Street City State Zip Code

Last 4 digits of account number **6962**\$ **1.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.16

Dish Network

Priority Creditor's Name
c/o GC Services Limited
Partnership
6330 Gulfton
Houston, TX 77081

Number Street City State Zip Code

Last 4 digits of account number **5176**\$ **160.98****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.17

Endodontic Group, PC

Priority Creditor's Name

Last 4 digits of account number **9198**\$ **888.96**

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

**Kevin P. Bryant, DMD
 1001 Carter Street
 Chattanooga, TN 37402**

Number Street City State Zip Code

When was the debt incurred? _____**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.18

Erlanger

Priority Creditor's Name

**Attn: Bankruptcy
 P.O. Box 3475
 Toledo, OH 43607-0475**

Number Street City State Zip Code

Last 4 digits of account number **8259**\$ **230.40****When was the debt incurred?** _____

- Who incurred the debt? Check one.**
- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.19

Erlanger

Priority Creditor's Name

**P.O. Box 59018
 Knoxville, TN 37950**

Number Street City State Zip Code

Last 4 digits of account number **9517**\$ **189.80****When was the debt incurred?** _____

- Who incurred the debt? Check one.**
- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

4.20	Galen Medical Group	Last 4 digits of account number	1644	\$	25.00
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Priority Creditor's Name

P.O. Box 1030
Chattanooga, TN 37401-1030

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.21	Memorial Hospital	Last 4 digits of account number	3899	\$	1.00
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Priority Creditor's Name

c/o General Service Buereau, Inc.

5807 N. 102nd Street
Omaha, NE 68134-1051

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.22	Memorial Hospital of Chattanooga	Last 4 digits of account number	1135	\$	200.00
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Priority Creditor's Name

Attn: Bankruptcy
Box 830913
Birmingham, AL 35283-0913

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Contingent Unliquidated

- Debtor 1 and Debtor 2 only

 Disputed

- At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

- Check if this claim is for a community debt

 Student loans**Is the claim subject to offset?**

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims

- No

 Debts to pension or profit-sharing plans, and other similar debts

- Yes

 Other. Specify _____

4.23

Parkridge East Hospital

Priority Creditor's Name

**c/o Capio Partners
 2222 Texoma Pkwy, Ste 150
 Sherman, TX 75090**

Number Street City State Zip Code

Last 4 digits of account number **6639**

\$

1.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only

 Contingent

- Debtor 1 and Debtor 2 only

 Unliquidated

- At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

- Check if this claim is for a community debt

 Student loans**Is the claim subject to offset?**

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims

- No

 Debts to pension or profit-sharing plans, and other similar debts

- Yes

 Other. Specify _____

4.24

Parkridge East Hospital

Priority Creditor's Name

**c/o NPAS
 Attn: Bankruptcy
 P.O. Box 2248
 Maryland Heights, MO
 63043-1048**

Number Street City State Zip Code

Last 4 digits of account number **4931**

\$

95.96**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only

 Contingent

- Debtor 1 and Debtor 2 only

 Unliquidated

- At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

- Check if this claim is for a community debt

 Student loans**Is the claim subject to offset?**

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims

- No

 Debts to pension or profit-sharing plans, and other similar debts

- Yes

 Other. Specify _____

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

4.25	Parkridge East Hospital	Last 4 digits of account number	ious	\$	1.00
Priority Creditor's Name c/o Medicredit, Inc P.O. Box 1629 Maryland Heights, MO 63043-0629	When was the debt incurred? _____				
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				Type of NONPRIORITY unsecured claim:
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				<input checked="" type="checkbox"/> Other. Specify _____
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

4.26	Parkridge East Hospital	Last 4 digits of account number	8658	\$	1.00
Priority Creditor's Name d/b/a East Ridge Hospital P.O. Box 290429 Nashville, TN 37229-0429	When was the debt incurred? _____				
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				Type of NONPRIORITY unsecured claim:
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				<input checked="" type="checkbox"/> Other. Specify _____
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

4.27	Parkridge Health Sys, Inc.	Last 4 digits of account number	5967	\$	2,286.00
Priority Creditor's Name c/o NPAS, Inc. P.O. Box 99400 Louisville, KY 40269	When was the debt incurred? _____				
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Parkridge Medical Center**

4.28

Parkridge Health System, Inc.

Priority Creditor's Name

**c/o NPAS, Inc.
 P.O. Box 99400
 Louisville, KY 40269**

Number Street City State Zip Code

Last 4 digits of account number

ious

\$

759.62**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **East Ridge Hospital**

4.29

Parkridge Medical Center

Priority Creditor's Name

**c/o Medicredit, Inc
 P.O. Box 1629
 Maryland Heights, MO
 63043-0629**

Number Street City State Zip Code

Last 4 digits of account number

ious

\$

1.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify

4.30

Parkridge Medical Center

Priority Creditor's Name

Last 4 digits of account number

9057

\$

1.00

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

**c/o Capio Partners
 2222 Texoma Pkwy, Ste 150
 Sherman, TX 75090**

Number Street City State Zip Code

When was the debt incurred? _____**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.31

Parkridge Medical Center Inc

Priority Creditor's Name

**PO Box 290429
 Nashville, TN 37229**

Number Street City State Zip Code

Last 4 digits of account number **3751**\$ **1,302.75****When was the debt incurred?** _____

- Who incurred the debt? Check one.**
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.32

Parkridge Medical Group East Ridge

Priority Creditor's Name

**Attn: Bankruptcy Dept.
 3 Maryland Farms, Ste 250
 Brentwood, TN 37027-5053**

Number Street City State Zip Code

Last 4 digits of account number **ious**\$ **55.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
 - Check if this claim is for a community debt**
- Is the claim subject to offset?**
- No
 - Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.33

PathGroup

Priority Creditor's Name

**Attn: Bankruptcy
P.O. Box 530814
Atlanta, GA 30353**

Number Street City State Zip Code

Last 4 digits of account number

5201

\$

13.36**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 - Unliquidated
 - Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 - Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 - Debts to pension or profit-sharing plans, and other similar debts
 - Other. Specify _____

4.34

PM Pediatrics

Priority Creditor's Name

**7446 Shallowford Road, Suite
103
Chattanooga, TN 37421**

Number Street City State Zip Code

Last 4 digits of account number

3073

\$

40.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 - Unliquidated
 - Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 - Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 - Debts to pension or profit-sharing plans, and other similar debts
 - Other. Specify _____

4.35

PPT Lafayette

Priority Creditor's Name

Last 4 digits of account number

US14

\$

25.00

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

**Performance PT& Sports
 Medicine
 P.O. Box 431
 La Fayette, GA 30728-0431**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.36

Progressive Insurance

Priority Creditor's Name
**c/o Troy Ingle Insurance Agency
 1303 Lafayette Road
 Rossville, GA 30741**

Number Street City State Zip Code

Last 4 digits of account number **4208**\$ **899.25****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.37

Quest Diagnostics

Priority Creditor's Name
**Attn: Bankruptcy Dept.
 P.O. Box 55126
 Boston, MA 02205**

Number Street City State Zip Code

Last 4 digits of account number **ious**\$ **525.42****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
- Is the claim subject to offset?**
- No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.38

Spine Surgery Associates

Priority Creditor's Name

**3 Maryland Farms, Ste 250
Brentwood, TN 37027-5053**

Number Street City State Zip Code

Last 4 digits of account number **1696**\$ _____ **1.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.39

Spine Surgery Associates

Priority Creditor's Name

**c/o CAC Financial Corporation
2601 NW Expressway
Suite 1000 East
Oklahoma City, OK 73112-7236**

Number Street City State Zip Code

Last 4 digits of account number **0342**\$ _____ **286.12****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
- Type of NONPRIORITY unsecured claim:**
- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.40

Tennessee Interventional & Imaging Assoc

Priority Creditor's Name

Last 4 digits of account number _____

\$ _____ **68.30**

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

**1575 Chattanooga Avenue, Ste 2
Dalton, GA 30720**

Number Street City State Zip Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Is the claim subject to offset?

- No
 Yes

4.41

Thomas Davis, MDPriority Creditor's Name
**P.O. Box 11316
Chattanooga, TN 37401-2316**

Number Street City State Zip Code

Last 4 digits of account number **6100**\$ **529.95**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Is the claim subject to offset?

- No
 Yes

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name Address

-NONE-

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

		Total claim
	6a. Domestic support obligations	0.00
	6b. Taxes and certain other debts you owe the government	519.91
	6c. Claims for death or personal injury while you were intoxicated	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	0.00
	6e. Total. Add lines 6a through 6d.	519.91

Debtor 1 **Billy Shawn Davidson**
Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Total claims
from Part 2

	Total Claim
6f. Student loans	6f. \$ 0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 10,038.30
6j. Total. Add lines 6f through 6i.	10,038.30

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson		
	First Name	Middle Name	Last Name
Debtor 2	Glori Hinkle Davidson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	
2.2			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	
2.3			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	
2.4			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	
2.5			
Name _____			
Number	Street _____		
City	State	ZIP Code _____	

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson		
	First Name	Middle Name	Last Name
Debtor 2	Glori Hinkle Davidson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

- Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson
Debtor 2 (Spouse, if filing)	Glori Hinkle Davidson
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TENNESSEE</u>
Case number (if known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Employment status	Debtor 1	Debtor 2 or non-filing spouse
		<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
	Occupation	CNC Machinist	Homemaker
	Employer's name	Labrie	
	Employer's address	1198 Shattuck B, Industrial Blvd La Fayette, GA 30728	

How long employed there? **9 months**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 4,030.00	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 4,030.00	\$ 0.00

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
5. List all payroll deductions:	4. \$ 4,030.00	\$ 0.00
5a. Tax, Medicare, and Social Security deductions	5a. \$ 282.14	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 950.73	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,232.87	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,797.13	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,797.13	+ \$ 0.00 = \$ 2,797.13
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 2,797.13	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson
Debtor 2 (Spouse, if filing)	Glori Hinkle Davidson
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE
Case number (If known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

9

No

Yes

No

Yes

No

Yes

No

Yes

Son

15

Son

20

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$ **40.00**
4b. \$ **90.00**
4c. \$ **0.00**
4d. \$ **0.00**
5. \$ **0.00**

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 **Billy Shawn Davidson**
 Debtor 2 **Glori Hinkle Davidson**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 200.00
	6b. Water, sewer, garbage collection	6b. \$ 35.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 275.00
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 550.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 0.00	
10. Personal care products and services	10. \$ 0.00	
11. Medical and dental expenses	11. \$ 25.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 150.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 0.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 100.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 375.00	
15d. Other insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00	
17. Installment or lease payments:	17a. \$ 0.00	
17b. Car payments for Vehicle 1	17b. \$ 0.00	
17c. Car payments for Vehicle 2	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: _____	21. +\$ 0.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 1,840.00	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 1,840.00	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 1,840.00	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 2,797.13	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 1,840.00	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	\$ 957.13	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Billy Shawn Davidson		
	First Name	Middle Name	Last Name
Debtor 2	Glori Hinkle Davidson		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

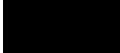
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Billy Shawn Davidson

Billy Shawn Davidson
Signature of Debtor 1

Date December 1, 2015

X /s/ Glori Hinkle Davidson

Glori Hinkle Davidson
Signature of Debtor 2

Date December 1, 2015

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
+ \$15	trustee surcharge
	\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	<u>administrative fee</u>
\$275 total fee	

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	<u>administrative fee</u>
\$310 total fee	

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
Eastern District of Tennessee**

In re **Billy Shawn Davidson
Glori Hinkle Davidson**

Debtor(s)

Case No.

Chapter **13**

VERIFICATION OF CREDITOR MATRIX

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **December 1, 2015**

/s/ Billy Shawn Davidson

Billy Shawn Davidson

Signature of Debtor

Date: **December 1, 2015**

/s/ Glori Hinkle Davidson

Glori Hinkle Davidson

Signature of Debtor

Date: **December 1, 2015**

/s/ Millard W. Ramsey, Jr. GA

Signature of Attorney

Millard W. Ramsey, Jr. GA 241411

Burk & Ramsey, LLC

203 Chickamauga Avenue

Rossville, GA 30741

(706) 841-2220 Fax: (706) 841-2221

American Anesthesiology of Tennessee, PC
P.O. Box 535590
Atlanta, GA 30353-5590

American Anesthesiology of TN
c/o Optima Recovery Services
P.O. Box 52968
Knoxville, TN 37950

Associates in Diagnostic Radiology
Attn: Bankruptcy Dept.
P.O. Box 3145
Indianapolis, IN 46206-3145

Benchmark Physical Therapy
Attn: Bankruptcy
Dept. 888530
Knoxville, TN 37995-8530

CAC Financial Corporation
c/o CAC Financial Corporation
2601 NW Expressway
Suite 1000 East
Oklahoma City, OK 73112-7236

Charles F. Longer
975 E. 3rd Street, Box 338
Chattanooga, TN 37403-2147

Charles S. Fussell, DDS, PC
Suite 5, Courtyard Prof. Bldg.
4610 Brainerd Road
Chattanooga, TN 37411

Chattanooga Bone & Joint Surgeons, PC
Attn: Bankruptcy
1809 Gunbarrel Road
Suite 101
Chattanooga, TN 37421

Chattanooga Inpatient Svcs, PLLC
Attn: Bankruptcy
P.O. Box 37989
PA 19117-9890

Chattanooga Skin & Cancer
Attn: Bankruptcy Dept.
6141 Shallowford Road
Chattanooga, TN 37421-1616

Credit Collection Services
c/o Credit Collection Services
Two Wells Avenue
Newton Center, MA 02459

Diagnostic Center
c/o CAC Financial Corporation
2601 NW Expressway
Suite 1000 East
Oklahoma City, OK 73112-7236

Diagnostic Center
Attn: Bankruptcy Dept.
3 Maryland Farms, Ste 250
Brentwood, TN 37027-5053

Diagnostic Imaging Consultants
c/o Optima Recovery Services
P.O. Box 52968
Knoxville, TN 37950

Diagnostic Imaging Consultants
601 Dodds Avenue
Chattanooga, TN 37404

Dish Network
c/o GC Services Limited Partnership
6330 Gulfton
Houston, TX 77081

Endodontic Group, PC
Kevin P. Bryant, DMD
1001 Carter Street
Chattanooga, TN 37402

Erlanger
Attn: Bankruptcy
P.O. Box 3475
Toledo, OH 43607-0475

Erlanger
P.O. Box 59018
Knoxville, TN 37950

Galen Medical Group
P.O. Box 1030
Chattanooga, TN 37401-1030

Memorial Hospital
c/o General Service Buereau, Inc.
5807 N. 102nd Street
Omaha, NE 68134-1051

Memorial Hospital of Chattanooga
Attn: Bankruptcy
Box 830913
Birmingham, AL 35283-0913

Parkridge East Hospital
c/o Capio Partners
2222 Texoma Pkwy, Ste 150
Sherman, TX 75090

Parkridge East Hospital
c/o NPAS
Attn: Bankruptcy
P.O. Box 2248
Maryland Heights, MO 63043-1048

Parkridge East Hospital
c/o Medicredit, Inc
P.O. Box 1629
Maryland Heights, MO 63043-0629

Parkridge East Hospital
d/b/a East Ridge Hospital
P.O. Box 290429
Nashville, TN 37229-0429

Parkridge Health Sys, Inc.
c/o NPAS, Inc.
P.O. Box 99400
Louisville, KY 40269

Parkridge Health System, Inc.
c/o NPAS, Inc.
P.O. Box 99400
Louisville, KY 40269

Parkridge Medical Center
c/o Capio Partners
2222 Texoma Pkwy, Ste 150
Sherman, TX 75090

Parkridge Medical Center
c/o Medicredit, Inc
P.O. Box 1629
Maryland Heights, MO 63043-0629

Parkridge Medical Center Inc
PO Box 290429
Nashville, TN 37229

Parkridge Medical Group East Ridge
Attn: Bankruptcy Dept.
3 Maryland Farms, Ste 250
Brentwood, TN 37027-5053

PathGroup
Attn: Bankruptcy
P.O. Box 530814
Atlanta, GA 30353

PM Pediatrics
7446 Shallowford Road, Suite 103
Chattanooga, TN 37421

PPT Lafayette
Performance PT& Sports Medicine
P.O. Box 431
La Fayette, GA 30728-0431

Progressive Insurance
c/o Troy Ingle Insurance Agency
1303 Lafayette Road
Rossville, GA 30741

Quest Diagnostics
Attn: Bankruptcy Dept.
P.O. Box 55126
Boston, MA 02205

Spine Surgery Associates
c/o CAC Financial Corporation
2601 NW Expressway
Suite 1000 East
Oklahoma City, OK 73112-7236

Spine Surgery Associates
3 Maryland Farms, Ste 250
Brentwood, TN 37027-5053

Tennessee Interventional & Imaging Assoc
1575 Chattanooga Avenue, Ste 2
Dalton, GA 30720

Thomas Davis, MD
P.O. Box 11316
Chattanooga, TN 37401-2316

Vanderbilt Mortgage
Attn: Bankruptcy Dept.
P.O. Box 9800
Maryville, TN 37802

Walker County Tax Commissioner
Carolyn W. Walker
P.O. Box 628
La Fayette, GA 30728

Walker County Tax Commissioner
c/o Appalachian Mtn. Services, Inc.
1805 Herrington Road
Building 1, Suite B
Lawrenceville, GA 30043